MOORFIELDS WESTMINSTER & CENTRAL EYE HOSPITAL



Incorporating

ROYAL LONDON OPHTHALMIC HOSPITAL, CITY ROAD, LONDON, E.C.1.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, HIGH HOLBORN, LONDON, W.C.1.

*Central London Ophthalmic Hospital, Judd Street, London, W.C.1.

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HER MAJESTY QUEEN MARY

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CHAIRMAN:

LIEUT .- COL. THE RT. HON. LORD LUKE, D.L., J.P.

DEPUTY-CHAIRMAN:
THE RT. HON. THE EARL OF ROTHES

REPORT FOR THE YEAR 1949

*Now University of London, Institute of Ophthalmology of the British Postgraduate Medical Federation associated with the hospital for postgraduate education and research.

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SIR JOHN STAINTON, K.B.E., K.C.



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S. H. V. NEWLAND.

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Honorary Consulting Surgeons

ELMORE BREWERTON, 1 Ashley Rise, Walton-on-Thames.

ADRIAN CADDY, v.D., 106 Harley Street, W.1.

P. G. DOYNE, 60 Queen Anne Street, W.1.

SIR STEWART DUKE-ELDER, K.C.V.O., 63 Harley Street, W.1.

H. P. GIBB, Hethersett, North Park, Gerrards Cross, Bucks.

C. B. GOULDEN, O.B.E., The Mill House, Shepreth, Cambridge.

R. AFFLECK GREEVES, 23 Wimpole Street, W.1.

M. L. HINE, 73 Harley Street, W.1.

A. C. HUDSON, 50 Queen Anne Street, W.1.

F. A. HILLER, C. V.O., 96 Harley Street, W.1.

F. A. JULER, c.v.o., 96 Harley Street, W.1. A. HAROLD LEVY, 149 Harley Street, W.1. W. H. McMULLEN, o.B.E., 86 Brook Street, W.1.

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MISS IDA MANN, C.B.E., 56 Hobbs Avenue, Nedlands, Perth, W.A.

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Honorary Consulting Dental Surgeon JOHN WINTER.

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- F. A. ELLIOTT, 56, Wimpole Street, S. P. MEADOWS, 142 Harley Street, W.1. W.1.

Consulting Surgeons

- J. E. M. AYOUB, 11 Wimpole Street, W.1.
- J. D. MAGOR CARDELL, 89 Harley Street, W.1.
- ALEX. G. CROSS, 27 Harley Street,
- R. C. DAVENPORT, 39 Devonshire Place, W.1.
- J. H. DOGGART, 49 Wimpole Street, W.1.
- C.L. GIMBLETT, 12 Devonshire Place, W.1.
- A. J. B. GOLDSMITH, 63 Harley Street, W.1.
- E. F. KING, 79 Harley Street, W.1.
- FRANK W. LAW, 36 Devonshire Place, W.1.
- A. G. LEIGH, 126 Harley Street, W.1.

- ARTHUR LISTER, 56 Wimpole Street,
- T. KEITH LYLE, C.B.E., 42 Charles Street, Berkeley Square, W.1.
 J. G. MILNER, 34 Wimpole Street,
- W.1.
- McG. MOFFATT, 115A Harley Street, W.1.
- G. G. PENMAN, 46 Wimpole Street, W.1.
- A. SEYMOUR PHILPS, 104 Harley Street, W.1.
- FREDERICK RIDLEY, 80 Harley Street, W.1.
- HAROLD RIDLEY, 53 Harley Street, W.1.
- C. DEE SHAPLAND, 15 Devonshire
- Place, W.1. H. B. STALLARD, M.B.E., 81 Harley Street, W.1.

EUGENE WOLFF, Esq., 46 Wimpole Street, W.1.

Consulting Ear, Nose and Throat Surgeon GILBERT H. HOWELLS, 46 Wimpole Street, W.1.

MOORFIELDS BRANCH

WESTMINSTER BRANCH

Director of the Department of Pathology NORMAN ASHTON.

Consulting Radiologist

R. S. MURRAY.

Medical Officer in Charge of Venereal Diseases Department VERNON E. LLOYD.

MOORFIELDS BRANCH

WESTMINSTER BRANCH

Medical Officers in Charge of Physio-therapeutic Department FRANK W. LAW.

PHILIPPE BAUWENS.

Assistant Medical Officers in Charge of Physio-therapeutic Department
P. D. TREVOR-ROPER.

MISS MURIEL WATERS.

Medical Officers in Charge of Orthoptic Department

J. H. DOGGART.

T. KEITH LYLE, C.B.E.

Registrars

H. H. SKEOCH.

H. E. HOBBS.

Assistants in the Medical Departments

J. H. EDWARDS.

S. H. LLEWELLYN-SMITH.

J. H. PATERSON.

J. W STEPHENS.

Senior Resident Officers and First House Surgeons

E. T. MEYER.

P. L. BLAXTER.

Second House Surgeons

L. G. FISON.

G. FRAMPTON.

Third House Surgeons

D. P. CHOYCE.

M. L. WAUGH.

Fourth House Surgeon

B. A. WARD.

Fifth House Surgeon

J. L. BIGNELL.

Sixth House Surgeon

R. J. H. SMITH.

Anaesthetists

HELEN B. ALCOCK.
SHEILA M. ANDERSON.
H. K. ASHWORTH.
IVAN G. BRADDON.
E. BARNET MALLINSON.
G. F. PANTON.

HENRY CURTIS.
L. H. LERMAN.
S. G. SHIPPARD.
ANGUS SMITH.
G. C. STEEL.
B. SULLIVAN.

Chief Clinical Assistants

MISS A. LOGAN ADAM.

D. AINSLIE.

G. B. COLLYER.

E. C. COLLYER.

C. A. G. COOK.

G. D. ELPHICK.

G. B. COLLYER.

E. M. G. GALTON.

P. A. GARDINER.

W. HADDEN GORDON.

MISS M. HAMILTON-JOHNSTONE.

D. A. LANGLEY.

MOORFIELDS BRANCH

WESTMINSTER BRANCH

Chief Clinical Assistants

E. C. GLOVER.
D. P. GREAVES.
J. R. HOLMES.
J. R. HUDSON.
H. B. JACOBS.
J. JOELS.
M. N. LAYBOURNE.
E. LYONS.
J. M. MALLETT.
MRS. D. MILLER.

S. S. F. MUNRO.
J. V. SHELDON.
D. SHORTEN.

MISS E. D. L. SIMPSON.

I. B. TAYLOR.

A. H. THOMPSON. P. D. TREVOR-ROPER.

R. DORRINGTON WARD.

R. C. WILLIAMS.

MRS. K. F. MATTHEWS. S. J. H. MILLER. H. TREISSMAN.

Supernumerary

MISS V. E. BRANDER.
MISS J. M. FLEMING.
M. KLEIN.
MISS L. H. MACFARLANE.

Out-Patient Officers

M. AHMAD. M.ALI. J. T. BAIRD. F. S. BARTEN. MISS M. BILLINGHURST. MISS E. D. BOWIE. M. A. CARPENTER. P. RICHARD DAY. V. S. ELBOGEN. E. FABIAN. J. H. W. FAGAN. K. G. HADIJA. R. J. A. HERON. M. E. HOLLIS. P. E. HOMAYOUNI. J. JOELS. F. D. McAULEY. M. MANTINBAND. P. H. N. MATTHEWS. H. F. MELHUISH. S. S. F. MUNRO. MISS E. J. O'RIORDAN. P. ROSEFIELD. D. SHORTEN. A. STAFFORD STEEN. J. H. SWARTZ. A. H. THOMPSON.

G. BRADSHAW.
L. CARTLEDGE.
MISS H. CASEY.
L. J. GREEN.
MISS I. D. R. GREGORY.
J. HALPERIN.
R. M. HARVEY.
M. C. HEAD.
E. HEFFERNAN, O.B.E.
G. JAMES.
D. J. O'CONNOR.
I. REIS.
R. STUART.
J. SWARTZ.
A. H. THOMPSON.
C. R. TODD.
V. W. L. WELLS.

Refraction Assistants

M. AHMAD.
MRS. V. ATTENBOROUGH.
F. S. BARTEN.
MISS M. BILLINGHURST.
J. H. W. FAGAN.
P. E. HOMAYOUNI.

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WESTMINSTER BRANCH

Refraction Assistants

J. JOELS. F. D. McAULEY. MRS. M. MAGAURAN. J. M. MALLETT. D. SHORTEN. MISS E. D. L. SIMPSON. J. SMALLPEICE. A. STAFFORD STEEN. I. B. TAYLOR. T. G. KLETZ.

Assistants in Refraction Department for Schoolchildren

MISS M. BILLINGHURST.

MISS J. M. FLEMING. M. KLEIN.

V. S. ELBOGEN.

K. G. HADIJA. MISS H. C. LINGFIELD.

MISS E. J. O'RIORDAN. J. OWEN-FLOOD.

J. F. ROBINSON.

J. H. SWARTZ.

S. E. WHITE.

Ophthalmic Registrar to the Radiotherapy Dept., Royal Cancer Hospital J. M. MALLETT

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REV. G. C. TAYLOR.

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MISS M. B. MACKELLAR.

MISS G. LONG.

Assistant Matrons

MISS D. M. LAIGHT.

MISS M. E. MURTA.

Chief Pharmacist

B. S. CLARKE.

Chief Orthoptists

MISS S. MAYOU.

MRS. P. B. DOWLER.

Almoners

MISS D. J. COLLIS.

MISS P. ARMSTRONG.

Assistant Almoners

MISS C. BROOKS-MEESE.

MISS M. ABBEY.

MISS M. A. JONES. MISS G. I. ROBSON.

Pharmacists

A. W. BAKER.

Dispensers

MISS. S. M. HUMPHREYS.

MISS G. BEATTIE.

MISS M. F. DYKE. MISS R. L. MITCHELL.

MISS C. WILSON.

Physio-therapists

MISS M. BROGAN.

MISS D. PEARSON.

REPORT OF PATIENTS FOR 1949

	1	T		
	Moorfields Branch	Westminster Branch	Total	
IN-PATIENTS			•	
Total number of In-patients	4,942	2,040	6,982	
Average daily complement	205.22	97.83	303.05	
Average number of beds occupied daily	170.09	76.51	246.60	
Average number of days each patient was resident	12.56	13.69	12.87	
Total operations in In-patient theatres	4,609	2,208	6,817	
OUT-PATIENTS				
Total number of new Out-patients	80,316	22,686	103,002	
Total attendances of Out-patients	241,026	101,520	342,546	
Average daily number of Outpatient attendances	790.23	335	1,123.1	
SPECIAL CASES				
Physician's Department	3,606	458	4,064	
Ear, Nose and Throat Department	765	•	765	
X-Ray Department	2,776	52	2,828	
Refraction Department L.C.C. School Children	7,373	1,671	9,044	
Venereal Diseases Department	462	-	462	
Physiotherapy Department	9,986	5,962	15,948	
Orthoptic Department	25,523	12,582	38,105	
Refraction Clinics	9,989	3,416	13,405	
Contact Lens Clinic	363		363	
Department of Pathology	8,968	5,258	14,226	
Department of Medical Illustration	203	69	272	
Allergy Department	494	1,108	1,602	
Glaucoma Clinics	820	166	986	

GENERAL INFORMATION

Moorfields Branch, City Road, E.C.1.

OUT-PATIENTS.—Out-Patients are admitted daily (except Sundays, Christmas Day, Good Friday, the Saturday following Good Friday, and Bank Holidays) from 8.30 a.m. The entrance to the Out-Patients' Department is one minute's walk up Peerless Street, and is open until 10 a.m.

Patients in or near London should be at the Hospital at 8.30 a.m.

COUNTRY PATIENTS.—Some places are reserved for Out-Patients coming over thirty miles on the morning of their attendance. They should apply at the front entrance as early as possible before 11 o'clock.

Out-Patients will receive a card and a Surgeon's letter. The Patient must carefully preserve the card; the letter will be kept at the Hospital. If an Out-Patient does not allow an interval of more than ten years to pass without attending at the Hospital, the letter can be found upon presentation of the card.

CASES OF ACCIDENT AND URGENT CASES are admitted at any time at the front entrance in City Road.

IN-PATIENTS.—It is usual for Patients to attend in the first instance as Out-Patients. The Surgeon decides whether it is necessary for a Patient to be received as an In-Patient.

VISITORS TO IN-PATIENTS.—Each In-Patient, on being admitted to the Hospital, receives two tickets to allow his friends to visit him, each ticket admitting only one person at a time, but transferable.

Visitors to In-Patients in the General Ward—excluding the Children's Ward—are admitted on Sundays and Saturdays from 2 to 3 p.m., Wednesdays and Fridays from 7 to 8 p.m.

Eggs, fruit, butter and biscuits may be brought for patients and these are to be given into the care of the Sister, but no other food nor spirits, stimulants, or liquors of any kind are to be brought into the Hospital.

TELEPHONE.—Inquiries about Patients cannot be answered over the telephone except in serious cases.

HOW TO GET TO THE HOSPITAL.—The nearest tube station is OLD STREET, which is close to the Hospital, and is in direct communication with Euston, St. Pancras, King's Cross, London Bridge, Finsbury Park, and the Bank.

The following buses pass the Hospital:— 43 (143 Sunday service only).

The following buses pass close to the Hospital:—76.

The following trolley-buses pass the Hospital:—609, 615, 639.

The following trolley-buses pass close to the Hospital:—555, 565, 611, 641, 643, 665.

Trolley-buses from King's Cross, Moorgate, "The Angel," Islington, Finsbury Park, Hampstead, Highgate, Highbury, and Holloway, pass the front entrance of the Hospital.

DAYS AND TIMES OF ATTENDANCE OF THE VISITING SURGICAL STAFF

Mr. J. E. M. AYOUB

Mr. J. D. MAGOR CARDELL

Mr. J. H. DOGGART

Mr. C. DEE SHAPLAND

Monday and Thursday at 8.30 a.m.

Mr. R. C. DAVENPORT

Mr. Frank W. Law

Mr. HAROLD RIDLEY

Mr. H. B. STALLARD

Mr. ALEX. G. CROSS

Mr. E. F. KING

Mr. A. G. Leigh

Mr. ARTHUR LISTER

Tuesday and Friday at 8.30 a.m.

Wednesday and Saturday at 8.30 a.m.

Westminster Branch, High Holborn, W.C.1.

OUT-PATIENTS.—Out-Patients are admitted on Mondays to Thursdays between 12 noon and 1.30 p.m., on Fridays between 12 noon and 1.30 p.m., and between 4.30 and 5 p.m., and on Saturday mornings between 9 a.m. and 9.30 a.m. The department is closed on Sundays and Public Holidays, Whit-Saturday, Easter Saturday and the Saturday preceding the August Bank Holiday.

THE CASUALTY DEPARTMENT is open at all times, day and night, to patients in urgent need of treatment.

IN-PATIENTS.—In-Patients are admitted on the recommendation of members of the Visiting Surgical Staff, having, as a rule, attended as Out-Patients in the first instance.

VISITING TIMES.—Visiting times for In-Patients are Monday to Friday, 7.30 p.m. to 8 p.m. Saturday and Sunday, 2 p.m. to 4 p.m. Not more than two visitors are allowed at the bed-side at one time and no children under 12 are admitted to the Wards.

HOW TO GET TO THE HOSPITAL.—The Hospital is at the West End of High Holborn, between Drury Lane and Endell Street. The nearest tube stations are Tottenham Court Road and Holborn (Kingsway). Buses 22 and 38, going along Shaftesbury Avenue, and all buses along New Oxford Street, stop close to the Hospital.

DAYS AND TIMES OF ATTENDANCE OF THE SURGICAL STAFF:

Mr. P. McG. Moffatt Mr. G. G. Penman Mr. Frederick Ridley	Monday and Thursday at 1.30 p.m.
Mr. C. L. GIMBLETT Mr. EUGENE WOLFF	Tuesday and Friday at 1.30 p.m.
Mr. T. KEITH LYLE Mr. J. G. MILNER	Tuesday at 1.30 p.m., Friday at 5 p.m. Wednesday at 1.30 p.m., Friday at 5 p.m.
Mr. A. J. B. Goldsmith Mr. A. Seymour Philps	Wednesday at 1.30 p.m., Saturday at 9.30 a.m.

INFORMATION APPLICABLE TO BOTH BRANCHES.

PAY-BED ACCOMMODATION.—The Moorfields Branch has 20 private rooms and the Westminster Branch 10 private rooms and 2 cots for the reception of paying patients admitted under the care of members of the Visiting Surgical Staff. Particulars may be obtained from the respective Branches.

REPORTS.—When reports regarding the condition of Patients are required for claims of money, or legal proceedings, the Medical Officers of the Hospital are permitted to receive payment for written reports by them in reference to such cases.

CERTIFICATES.—Certificates of inability to follow employment required by Patients are given on the authorised forms.

Annual Report

OF THE

BOARD OF GOVERNORS

FOR THE YEAR ENDED 31st DECEMBER, 1949.

Britain for it was the first complete year since the Hospitals came within the provisions of the National Health Service, so that it was necessarily a period devoted to a considerable measure of readjustment. Those responsible for the administration of the Hospital with its long tradition of 144 years as a Voluntary Hospital, found the new administration, particularly during the period of transition, somewhat difficult, with the restriction of freedom that is an inevitable feature of a State scheme, but the Board of Governors and the Chief Administrative Officers have endeavoured throughout the year to adapt themselves to the new conditions and to keep ever in mind the main essential of ensuring the welfare of the patient and the progress of the Hospital.

BOARD OF GOVERNORS

The appointments by the Minister of Mr. A. Gorman in January, and Mr. G. C. Stanley in March, as new members, were welcomed by the Board.

MEDICAL STAFF

(a) Resignations:

It is with the greatest regret that the Board report the resignation of Miss Ida Mann from the Consultant Staff following her decision to settle in Perth, Western Australia. Miss Mann was appointed a member of the Visiting Staff on the 6th October, 1927, and became Senior Surgeon of the Moorfields Branch in May, 1949. Her resignation was formally reported to the Board of Governors at the meeting on the 24th November, when the following resolution was unanimously adopted:—

"The Board desires to place on record their appreciation of the long and distinguished services Miss Mann has rendered to the Hospital during her tenure of office and an acknowledgment of her unique gifts which have been used in the furtherance of Ophthalmology. On the recommendation of the Medical Committee they have great pleasure in appointing her a member of the Honorary Consultant

Staff.

"The Board take the opportunity of conveying to Miss Mann their good wishes for her future welfare and happiness in Australia."

The Board also offer their congratulations to Miss Mann on the

award of the C.B.E. in the New Year's Honours List.

The resignation of Dr. R. A. Hickling, Physician to the Westminister Branch, at the end of the year, which appointment he had held since January, 1931, was received with great regret. The Board conveyed to Dr. Hickling an expression of their grateful thanks for his devoted services to the Hospital, and on the recommendation of the Medical Committee appointed him an Honorary Consulting Physician.

(b) Award:

The Board offer their congratulations to Mr. T. Keith Lyle, F.R.C.S., on the award of the C.B.E. in the Birthday Honours List.

(c) Appointment:

Mr. J. M. Mallett was appointed Ophthalmic Registrar to the Radiotherapy Department at the Royal Cancer Hospital.

ADMINISTRATION

The Board record with much regret the death of Mr. W. Merrill, Secretary of the Hospital, on the 29th May, at the early age of 36. Mr. Merrill suffered from ill health for a considerable time, as a result of which he had resigned his appointment at the close of 1948. Mr. Merrill held appointments at St. Mary's Hospital, Manchester, and the Salford Royal Hospital before being appointed to the office of Secretary to the Central London Ophthalmic Hospital in August 1944.

When the Royal London, Royal Westminster and Central London Ophthalmic Hospitals were amalgamated by Act of Parliament on the 1st January, 1947, Mr. Merrill was appointed Secretary to the Hospital under its new constitution.

By his death the Hospital has lost an able administrator and one who, had not ill health dogged his later years, would have rendered valuable service in the field of Hospital Administration.

Mr. J. P. Heming, Secretary of the Westminster Branch, was appointed to fill the vacancy.

ARCHITECT

Mr. Richard N. Wakelin, A.R.I.B.A., a partner in the firm of Messrs. Campbell Jones & Sons, was appointed Architect to the Hospital on the 24th November. Mr. Wakelin had been closely connected with the major scheme of extension of the Moorfields Branch, the King George V Extension, completed in 1935, and other various extensions and structural alterations over a number of years. He had also been responsible for the alterations at the Central Branch in connection with its adaptation for use as the Institute of Ophthalmology.

CHAPLAIN

The resignation of the Rev. F. H. White, Chaplain to the Hospital since March, 1948, was tendered owing to ill health, and was received with regret. The vacancy has been filled by the appointment of the Rev. J. R. Jourdain on the 15th November.

MEDICAL RECORDS DEPARTMENT

In accordance with the requirements of the Ministry of Health a Medical Records Department was established on the 11th April and Lt.-Col. J. A. L. Powell was appointed Medical Records Officer. As a result of the establishment of this department an appointments system for Out-patients was introduced in respect of one clinic at the Moorfields Branch on the 23rd September and is being extended gradually to the clinics of both branches.

REPORT OF PATIENTS

The work of the Hospital showed a general increase in the number of patients treated, the main items of comparison for the years 1949 and 1948 being as follows:

The second secon	1949	1948
In-patients	6,982	6,656
Average number of beds occupied daily	246.60	242.56
Operations in in-patient theatres	6,817	6,765
New out-patients	103,002	102,646
Out-patient attendance	342,546	331,259
Average daily number of out-patient		
attendances	1,123.1	1,077.79

(Full statistics giving details of the Special Departments are given on page 8.)

The bed complement of the Hospital was increased by the conversion of the pathological and bacteriological laboratories at the Moorfields Branch to a general ward of 21 beds, and this addition is reflected in the increased number of In-patients admitted to the Branch, as indicated above. The ward was named "Parsons" as a tribute to the services which Sir John H. Parsons, F.R.S., rendered to the Hospital and to the science of Ophthalmology.

One of the main problems with which the Hospital is faced, however, is the inadequacy of bed accommodation, and at the close of the year the number of patients awaiting admission was 2,090, which included 773 children.

The Board of Governors are pleased to report that following representations to the Ministry of Health authority has been given to proceed with evolving a scheme of development to build on the adjoining site of the Moorfields Branch with an assurance from the Ministry

that by doing so the Board will not prejudice the long-term policy to provide a new Hospital and Institute of Ophthalmology on a site

in the University area.

The main features of the proposed scheme will provide a large increase in the number of general ward beds, an extension of the Out-patient department—including the casualty department—and accommodation for additional nursing, domestic and other staffs

required.

In the last issue of the Annual Report mention was made (in a footnote) of the acquisition of the Royal Stuart Hotel—renamed Stuart House—Cromwell Road, S.W.5, which provides accommodation for 110 nurses. This has provided the much-needed additional accommodation necessary and has also enabled portions of the Moorfields Branch to be used for other purposes which were of an urgent nature. The Board is also pleased to report that the Ministry have approved the proposal to adapt the two houses in View Road, Highgate—formerly used as a Nurses' Hostel prior to the acquisition of Stuart House—as a Hospital Annexe, and it is hoped that early in the coming year arrangements will be made to utilise the accommodation for children who will be transferred from the main Hospital units soon after operation. This will enable much greater use to be made of the 49 cots available at the two Branches and it is hoped by this means to reduce materially the large waiting list of children.

The continued expansion of the work of the Hospital is both an indication of the value of the Hospital to the community and a tribute to the high standard of the skill of the medical and surgical staff, for not only has the volume of work at the two Branches shown a steady increase but the duties of the staff have been made the more onerous by the development of the postgraduate teaching and research work,

most of which is centred at the Institute of Ophthalmology.

The Board of Governors are glad to record their appreciation of the work of the medical and surgical staff, by whose labours the activities of the Hospital and its associate Institute are integrated so that the work carried out can be said to constitute the focal point for the development of ophthalmic medicine and surgery and ophthalmic postgraduate teaching and research in the British Commonwealth.

> LUKE, Chairman of the Board of Governors.

A. J. M. TARRANT, House Governor.

REGISTRARS' REPORTS

MOORFIELDS BRANCH

Compared with the year 1948 Out-patient attendances, both new and total, show an overall 6 per cent. increase; the average bed complement increased approximately 7 per cent.; and the number of In-patients treated showed a like 7 per cent. increase. Nevertheless the waiting list for operations shows a steady increase of 15.5 per cent., which is represented by figures of 1,224 and 1,414 at the end of each

annual period.

As regards the disease list, compared with the two previous annual periods, there is an unexplainable 40 per cent. increase (from 87 and 85 to 119) in the number of intraocular foreign body cases dealt with. Buphthalmos cases jumped from 7 and 11 respectively to 34, and cases of corneal opacities increased from 3 and 2 to 25, probably as a result of the newspaper publicity given to this latter disability. There is a disproportionate increase in the number of cases of malignant melanoma of choroid (15 to 22) which shows a 46.6 per cent. increase and, whereas pseudoglioma remains unchanged at 4 cases, glioma cases show an increased recording of 154 per cent. (from 13 to 33), no doubt partly explained by re-admissions. At the same time retrolental fibroplasia has come into prominence and therefore shows an increase in diagnosis from 1 to 9 cases. It is disappointing that the number of cases of absolute glaucoma should increase from 6 and 7 to 22 when all efforts to reduce this ophthalmic tragedy have been intensified.

As regards operations, there is a notable continuance of gain in popularity of intracapsular cataract extraction compared with the extracapsular operation. Whereas no operations for intracapsular extraction were performed here in 1947 against 800 extracapsular extractions, in 1948 there were 263 against 682, and in 1949 there were 419 against 552. Corneal grafting shows a marked increase from 5 to 16, and now to 37 cases in this latter period. Also, the scleral resection operation has greatly increased in popularity, the numbers increasing from 1 to 16 cases. Goniotomy for the treatment of buphthalmos shows an increase in the records of from nil, 9 to 27. Dacryocystectomy has gained in operative incidence, whilst dacryocystorhinostomy appears to have lost correspondingly. In squint surgery there is also a notable change in operative procedure. Muscle advancement has increasingly been replaced by muscle resection as a corrective pro-Recession and resection far outnumbers all other methods of correction, whereas tenotomy and advancement is now seldom performed. General anaesthesia for Ophthalmic Operations continues to exhibit an upward trend in its application and usefulness and shows a 21 per cent. increase during the year.

HUGH H. SKEOCH,

Registrar, Moorfields Branch.

WESTMINSTER BRANCH

In-patients' admissions were maintained at the 1948 level and some trends of interest are to be seen from a comparison with the clinical experience of that year. These concern, more especially, operative treatments.

In cataract surgery, the simple extra-capsular extraction continues to be the operation of choice but the proportion of cases for which the intra-capsular operation has been considered suitable has notably increased and in both types of operation, post-operative suture and

air replacement are finding favour with some surgeons.

The examination of glaucoma cases in the Research Unit is providing added facilities for pre-operative investigation. In the medical treatment of these cases, while the established miotics remain the therapeutic sheet anchor, extensive trials of newer drugs are going on in the clinics and wards. Broad iridectomy remains the most frequently chosen surgical measure in the treatment of acute glaucoma, but iridectomy ab externo is now being more widely employed, in combination with a fistulising operation in appropriate instances. In the chronic forms of glaucoma, corneoscleral trephining remains the operation of choice; but here also, alternatives such as flap sclerotomy, iridencleisis and cyclodialysis are being preferred in an increasing number of cases.

In the treatment of concomitant strabismus, the integration of the Orthoptic Department with the work of the clinics continues to increase. Conservative treatment is becoming more selective and shorter, more intensive courses are employed. Although pre-operative treatment is used to a greater extent, the developing tendency to operate at an earlier age results in a reduction of the number of pre-operative treatments needed in many instances. Simultaneous operative correction of the medical and lateral recti is chosen with increasing frequency and the combination with operation on a lateral muscle,

The employment of diplopia charts and fields of binocular single vision in the diagnosis and management of cases of paralytic

of myectomy of the inferior oblique is finding more advocates.

strabismus is in general use with a rising number of these cases presenting for treatment. Operations on the vertically acting muscles,

as would be expected, are more numerous.

As far as eye-lid surgery is concerned, it is of interest to note the continued tendency, in cases of ptosis, towards the almost exclusive use of Blascowicz's operation or some modification of it.

There has been a marked increase in the use of general anaesthesia, principally, of course, for extra-ocular operations but also in selected

cases for intra-ocular surgery.

Diathermy reposition of the detached retina is practised to the almost complete exclusion of other methods. Scleral resection, or eye shortening, however, appears with greater frequency in the operating lists for cases for which previously no hope of success with the former method could be entertained.

The widening scope of corneal surgery is reflected in the increasing number of corneal grafts, penetrating and lamellar, and of keratectomies being performed. Tattooing, however, still finds a place in the treatment of corneal opacities.

The possibility of some amelioration of retinitis pigmentosa by the use of placental grafts is being investigated by several surgeons.

Conclusive results are awaited with interest.

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